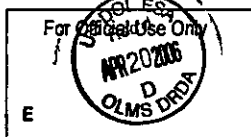


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



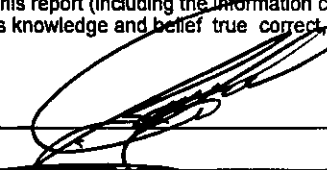
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>5494</b>	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Jaime Leon P O Box Bldg Room No if any Street 1134 De Leon Drive City Chula Vista State California ZIP Code + 4 91910	4 Name file number and address of labor organization Name IBEW 569 Labor Organization File Number 034 254 P O Box Building and Room Number if any Street 4545 Viewridge Avenue Suite 100 City San Diego State California ZIP Code + 4 92123-1644
5 Position in labor organization Executive Board Member/JATC Trustee	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income  7 b Amount

### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 03/29/2006 Date	(619) 216-3588 Telephone Number

Name of Person Filing Jaime Leon	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name SD Electrical Training Trust</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 4675-D Viewridge Avenue</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92123-1644</p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c. is checked give trust or employer's name</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11 a Nature of such dealing</b></p> <p>Appointed by IBEW local union 569 as a trustee</p>
	<p><b>11 b Approximate dollar value of such dealing</b></p>
	<p><b>12 a Nature of interest held or income received</b></p> <p>Lost time wages for doing JATC duties of a trustee includes meetings interview of applicants and disciplinary actions with current apprentices</p>
	<p><b>12 b Amount</b> \$1 248</p>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment.</b></p>
<p><b>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14 b Amount of payment</b></p>

Name of Person Filing Jaime Leon	File Number U
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**Part B Continuation Page**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name SD Electrical Training Admin Svcs Corp</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 4675-D Viewridge Avenue</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92123 1644</p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11 a Nature of such dealing</b></p> <p>Appointed by IBFW local union 569 as a trustee</p>
	<p><b>11 b Approximate dollar value of such dealing</b></p>
	<p><b>12 a Nature of interest held or income received</b></p> <p>Meals at trustee meetings</p> <hr/> <p><b>12 b Amount</b> <span style="float: right;">\$116</span></p>

Name of Person Filing Jaime Leon

File Number U

**Part B Continuation Page**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8 Name and address of Business (including trade name if any)**

Name SD Electrical Training Trust

Trade Name if any

P O Box Bldg Room No if any

Street 4575 D Viewridge Avenue

City San Diego

State California

ZIP Code + 4 92123 1644

**9 Business deals with**

☒ a Labor Organization

☐ b Trust

☐ c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

**11 a Nature of such dealing**

Appointed by IBEW LU 569 as a trustee

**11 b Approximate dollar value of such dealing**

**12 a Nature of interest held or income received**

1 Graduation ticket

**12 b Amount**

\$50

## Part B

Name of Reporting Employer SD Electrical Training Admin Svcs Corp	File Number E
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
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<b>9 a</b> <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		<b>9 c</b> Position in labor organization or with employer (if an independent labor consultant so state) Board Member
<b>9 b</b> Name and address of person with whom or through whom a separate agreement was made or to whom payments were made  Name <u>Jaime</u> <u>Leon</u>  P O Box Building and Room Number if any <u>1134 De Leon Drive</u> Street <u>Chula Vista</u> City <u>California</u> ZIP Code + 4 <u>91910</u>		<b>9 d</b> Name and address of firm or labor organization with whom employed or affiliated  Organization <u>I B E W Local 569</u>  P O Box Building and Room Number if any <u>4545 Viewridge Avenue Suite 100</u> Street <u>San Diego</u> City <u>California</u> ZIP Code + 4 <u>92123</u>
<b>10 a</b> Date of the promise agreement, or arrangement pursuant to which payments or expenditures were agreed to or made <u>1/12/2003</u>		<b>10 b</b> The promise agreement, or arrangement was <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both ("Written agreements entered into during the fiscal year must be attached")
<b>11 a</b> Date of each payment or expenditure (mm/dd/yyyy) <u>see attached</u> <u>1/12/2003</u> <u>1/12/2003</u> <u>1/12/2003</u> <u>1/12/2003</u>	<b>11 b</b> Amount of each payment or expenditure <u>0</u> <u></u> <u></u> <u></u> <u></u>	<b>11 c</b> Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property) <u>see attached</u> <u></u> <u></u> <u></u> <u></u>
<b>12.</b> Explain fully the circumstances of all payments including the terms of any oral agreement or understanding pursuant to which they were made <u>Share of meals (paid directly by employer to vendors) individual's portion of meal cost during monthly meeting to conduct business</u>		

**For**

**LEON JAIME**

[illegible]

## Part B

Name of Reporting Employer: San Diego Electrical Training Trust	File Number E
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input checked="" type="checkbox"/>
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9 a <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9 c Position in labor organization or with employer (if an independent labor consultant, so state) Board Member/Trustee	
9 b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made  Name Jaime Leon  P O Box, Building and Room Number if any Street 1134 De León Drive City Chula Vista State California ZIP Code + 4 91910		9 d Name and address of firm or labor organization with whom employed or affiliated  Organization I B E W Local 569  P O Box, Building and Room Number if any Street 4545 Viewridge Avenue Suite 100 City San Diego State California ZIP Code + 4 92123	
10 a Date of the promise agreement, or arrangement pursuant to which payments or expenditures were agreed to or made [ ]		10.b The promise agreement or arrangement was <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both ("Written agreements entered into during the fiscal year must be attached")	
11 a Date of each payment or expenditure ( mm/dd/yyyy ) see attached [ ] [ ] [ ] [ ]	11 b Amount of each payment or expenditure 0 [ ] [ ] [ ] [ ]	11 c Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property) see attached [ ] [ ] [ ] [ ]	
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made Reimbursement of Lost Time Wages and Fringes - Individual is an hourly employee with another organization. We reimbursed lost wages and fringe benefits when he/she conducts business on behalf of our organization. Graduation tickets - dinner cost of individual and guest (if any) to attend annual graduation ceremony.			

[illegible]